DEFINITIONS AND INDICATORS IN

FAMILY PLANNING
MATERNAL & CHILD HEALTH
AND
REPRODUCTIVE HEALTH

USED IN THE WHO REGIONAL OFFICE FOR EUROPE

Reproductive, Maternal and Child Health
European Regional Office
World Health Organization

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Overview:

This compilation of definitions and indicators is based on current definitions from several sources (1,2,3,4,5). Where more than one definition or indicator was available, additional sources are included. In addition, formulas are indicated when calculations are necessary. It should be noted that these definitions and indicators are under continuous use and evaluation and are subject to change.

A:

Abortion:

- ***Induced*:** or the voluntary termination of pregnancy, is used to end an already established pregnancy (i.e. a method that acts after nidation has been completed). Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both. *(Division of Family Health and Special Programme of Research and Research Training in Human Reproduction. International Conference on Population and Development, Cairo, Egypt, 5-13 September 1995.)*

- ***Spontaneous*:** Termination of pregnancy by expulsion of embryo/foetus before 22 weeks of pregnancy or below 500 gr. of weight. *(Source WHO/FHE/MSM/94.11)*

Abortion rate

The estimated number of abortions per 1 000 women aged 15/44 years in a given year.

Abortion ratio

The estimated number of abortions per 1 000 live births in a given year

Adolescence, youth and young people

The term "adolescence" has been defined as including those aged between 10 and 19, and “youth" as those between 15 and 24; "young people" is a term that covers both age groups, i.e. those between the ages of 10 and 24. True adolescence, however, being the period of physical, psychological and social maturing from childhood to adulthood, may fall within either age range.

Source: The Reproductive Health of Adolescents: A strategy for action, A Joint WHO/UNFPA/UNICEF Statement, World Health Organization, Geneva, 1989.

Adolescent reproductive health

The goal of overall improved adolescent reproductive health involves: more responsible and equitable relationships between young men and young women before and during marriage; decreased incidence of pregnancy before maturity: lower rates of exposure to and contraction of sexually transmitted diseases; and improvement in the status of women.

The means by which adolescent reproductive health is achieved include: improvement in the knowledge and understanding among all key groups of society - including young people themselves - of the physical, psychological and social aspects of adolescent reproductive health; increased training of key people with influence on adolescents, and of adolescents themselves, in counselling and communication skills; promotion of policies and programmes that reflect the best ways of meeting the reproductive health needs of adolescents, with emphasis on young people as a resource for health and provision of alternatives to early childbearing for young women, including better education to improve their status.

Source: The Reproductive Health of Adolescents.' a strategy for action, a Joint, WHO/UNFPA/UNICEF Statement, World Health Organization, Geneva, 1989.

Apgar Score:

Evaluation of a newborn physical status by assigning numeric values (0 to 2) to each of the 5 criteria: 1) heart rate, 2) respiratory effort, 3) muscle tone, 4) response to stimulation and 5) skin color. A score of 8 to 10 indicates the best possible condition.

Apgar score (Low): 6 at five minutes as % of all live births.

(European Consensus Conference on Quality Assurance Indicators for perinatal Care, Tubingen*)..*

B:

Birth: (see also live birth)

The complete expulsion or extraction of a dead fetus of more than 500g or of a live fetus from its mother irrespective of the duration of pregnancy. *(Indicators for assessing Breast-feeding Practices).*

Birth rate (or crude birth rate)

The number of births per 1000 population in a given year.

Birth weight:

The weight of a neonate determined immediately after delivery or as soon as thereafter as feasible; it should be expressed to the nearest gram. Source: American Academy of Pediatrics. American college of Obst. Gynecologists. Guidelines for Perinatal Care. 4th ed. 1997.

For live births, birth weight should preferably be measured within the first hour of life before significant postnatal weight loss has occurred. While statistical tabulations include 500 g groupings for birth weight, weights should not be recorded in those groupings. The actual weight should be recorded to the degree of accuracy to which it is measured.

The definitions of "low", "very low", and "extremely low" birth weight do not constitute mutually exclusive categories. Below the set limits they are all-inclusive and therefore overlap (i.e. "low" includes "very low" and "extremely low", while "very low" includes "extremely low").

Low birth weight (LBW)
Less than 2500 g (up to and including 2499g).
Very low birth weight (VLBW)
Less than 1500 g (up to and including 1499g).
Extremely low birth weight
Less than 1000 g (up to and including 999g**).**

If known, at least 500g (1000g), otherwise, gestational age at least 22 weeks or body length crown/heel-at least 25cm) *(International classification of diseases)*

Birthweight for perinatal statistics:

By weight intervals of 500g, i.e., 1000-1499g, 1500-1999g. etc. *(Wagner, M. Having a baby in Europe. Copenhagen: European Regional Office, World Health Organization, 1985, p. 63).*

Breast-feeding:

Feeding a baby by allowing him/her to suck at the mother's breast

Exclusive breast-feeding rate: Proportion of infants less than 4 months of age who are exclusively
breast-fed *(Indicators for Assessing Breast-feeding Practices. WHO* Geneva)

EBFR =

$$\frac{\text{Infants less than four months (under 120 days) of age who were exclusively breast-fed in the last 24 hours}}{\text{Infants less than four months (under 120 days) of age}}$$

(Indicators for Assessing Breast-feeding Practices.)

This indicator includes breast-feeding from a wet nurse and feeding on expressed breast milk.

Predominant breast-feeding rate:

The proportion of infants less than four months of age who are predominantly breast fed.

PBFR =

$$\frac{\text{Infants under four months (less than 120 days) of age who were predominantly breast fed in the last 24 hours}}{\text{Infant under four months,(less than 120 days) of age}}$$

(Indicators for Assessing Breast-feeding Practices

Timely complementary feeding rate: Proportion of infants 6-9 months of age who are receiving breast milk and complementary foods *(Indicators for Assessing Breast-feeding Practices).*

TCFR =

$$\frac{\text{Infants 6-9 months (1 80-299 days of age who received complementary foods in addition to breast milk in the last 24 hours}}{\text{Infants 6-9 months (1 80-299 days) of age}}$$

(Indicators for Assessing Breast-feeding Practices.)

Continued breast-feeding rate (2 years)

CBFR =

Proportion of children 20-23 months of age who are breast-feeding,
Children 20-23 months of age who were breast-fed in the last 24 hours

Children 20-30 months of age

(Indicators for Assessing Breast-feeding Practices).

Bottle feeding rate: proportion of infants less than 12 months of age who are receiving any food or drink from a bottle with a nipple/teat.

BFR =

Infants < 12 months (<366 days) of age who were bottle-fed in the last 24 hours

Infants < 12 months (<366 days) of age

(Indicators for Assessing Breast-feeding Practices. Geneva: World Health Organization, Number 10, February 1992)

C:

Caesarean section:

Abdominal delivery of the baby by laparotomy and section of the uterus. Source: WHO/FHE/MSM 94.11

Caesarean section *rate*: as % of all deliveries

(European Consensus Conference on Quality Assurance Indicators for perinatal Care)

Causes of death:

The causes of death to be entered on the medical certificate of cause of death are all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries. *(WHO Geneva, WHA20.19 WHA43.24, Article 23)*

Contraceptive prevalence:

Percentage of couples using a contraceptive method, either modern or traditional.

CPR = Contraceptive methods use / Couples (100 women of fertile age)

Congenital disorders

Those diseases that are substantially determined before or during birth and which are in principle recognizable in early life. Congenital malformation should be confined to structural defects present at birth, the term congenital anomaly being used to include all biochemical, structural and functional disorders present at birth *(Public Health in Europe No.4)*

Cost-benefit analysis

The systematic comparison - in monetary terms - of all the costs and benefits of proposed alternative schemes with a view to determining)a) which scheme or combination of schemes will contribute most to the achievement of predetermined objectives at a fixed investment, or (b) the magnitude of the benefit that can result from schemes requiring the minimum investment. The resources required per unit of benefit must be determined, account being taken of the fact that costs and benefits accrue with time *(Public Health in Europe No.4)*

Crude birth rate:

Annual number of births per 1,000 population *(The State* of *the* World's *Children,*1992, UNICEF, p. 98).

Crude death rate:

Annual number **of** deaths **per 1,000** population *(The State* of *the* World's *Children,* 1992, UNICEF, p. 98).

D:

Delivery:

the process by which fetuses are born. A twin delivery thus counts as one delivery and two births *(European Consensus Conference on Quality Assurance Indicators for perinatal Care,* Tubingen).

Detection of multiple pregnancy rate:

detected before delivery as % of all multiple pregnancies. *(European Consensus Conference on Quality Assurance Indicators for perinatal Care,* Tubingen

Direct obstetric deaths: (see Maternal death)

E:

Early neonatal mortality rate: deaths at 0-6 days after live birth x 1000/live births *(European Consensus Conference on Quality Assurance Indicators for perinatal Care,* Tubingen).

ENMR =

Live birth x 1000

Live births

(Office of Population Censuses and Surveys (OPCS) (1991) Infant and perinatal mortality 1990: RHAs and DHAS. Monitor DH3 91/2. London, HMSO)

Age classification for early neonatal deaths: (i) under 1 hour, 1 -1 1 hours, 12-23 hours, 24-47 hours, 48-71 hours, 72-167 hours (ii) under 1 hour, 1-23 hours, 24-1 67 *hours.(International classification of diseases).*

Note: Age at death during the first day of life (day zero) should be recorded in units of completed minutes or hours of life. For the second (day 1), third (day 2) and through 27 completed days of life , age of death should be recorded in days *(WHA20.19, WHA 43.24, Article 23 WHO Geneva).*

Eclampsia:

Convulsions and coma occurring in a pregnant or puerperal woman and associated with pre-eclampsia, that is a condition in pregnancy manifested by hypertension, oedema and/or proteinuria. Source: WHO/FHE/MSM 94.11

Eclampsia *rate*:

Eclampsia in pregnancy, during delivery or post-partum as % of all deliveries *(European Consensus Conference on Quality Assurance Indicators for perinatal Care,* Tubingen, Germany 21-22 October 1993, WHO/EURO).

Epidemiological survey

A survey, which may use screening (q.v.) test, but whose principal aim is not to bring patients to treatment but to elucidate the prevalence, incidence and natural history of a disease under study -though case-finding is a natural by-product of such surveys. Also known as a population survey *(Public Health in Europe No.4)*

F

Family

The UN General Assembly in its resolution 44/82 of 8 December 1989, proclaimed 1994 as the International Year of the Family (IYF) with its theme of **"Family: resources and responsibilities in** a **changing world."** No attempt was made by the United Nations to define or delineate the "ideal family" or to direct "family policy" to specific goals. The concept of family is not easy to define. The family has been variously described as the nucleus and pillar of society and the natural bridge between the individual and society. The status of the family has also been referred to by the United Nations Committee on Civil and Political Rights. In commenting on Article 23 of the International Covenant on Civil and Political Rights, the committee noted that:

> "the concept of the family may differ in some respects from State to State, and even from region to region within a State, and that it is therefore not possible to give the concept a standard definition. However, the Committee emphasises that, when a group of persons is regarded as a family under the legislation and practices of a State, it must be given the protection referred to in article 23."

Source: Year of the Family (1994) the concept of family health (A47 INF.Doc. 7) 6 May 1994.

Family planning

Implies the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. FP is achieved through contraception defined as any means capable of preventing pregnancy - and through the treatment of involuntary infertility. The contraceptive effect can be obtained through temporary or permanent means. Temporary methods include: periodic abstinence during the fertile period, coitus interruptus (withdrawal), using the naturally occurring periods of infertility (e.g. during breast-feeding and postpartum amenorrhoea), through the use of reproductive hormones (e.g. oral pills and long-acting injections and implants), placement of a device in the uterus (e.g. copper-bearing and hormone-releasing intrauterine devices), interposing a barrier that prevents the ascension of the sperm into the upper female genital trace (e.g. condoms, diaphragms, and spermicides). Permanent methods of contraception include male and female sterilization.

Source: Working definition used by the Special Programme of Research and Research Training in Human Reproduction, and the Division of Family Health.

Fertility regulation

Is the process by which individuals and couples regulate their fertility. Methods that can be used for this purpose include, among others, delaying child-bearing, using contraception, seeking treatment for infertility, interrupting unwanted pregnancies, and, in the case of mothers with an infant or a small child, breast-feeding.

Source: Working definition used by the Special Programme of Research and Research Training in Human Reproduction, and the Division of Family Health.

Fertility (Replacement level)

The level of fertility leading to a stable population size (no demographic increase of decline).

Fertility rate (Total) (TRF)

The average number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year. The rate refers to a synthetic female cohort. It is computed by the summation of the age-specific fertility rates. The total fertility rate is also used to indicate replacement level fertility; in the more developed countries, a rate of 2.1 is considered to be replacement level.

Source: Recent demographic developments in Europe, 1997, Council of Europe

Fertilization and Conception

The concepts of fertilization and conception are often confused. Fertilization refers to the union of an ovum and a sperm. Conception has been defined by the American College of Obstetrics and Gynecology as occurring at the time of implantation of the fertilized ovum into the wall of the uterus - i.e. that point in the biological development corresponding to the beginning stages of a unique biological organism. The above distinction between fertilization and conception is used by the United States National Institutes of health in establishing various guidelines relevant to research in human reproduction.

Source: Working paper prepared and reviewed by WHO on The Definition of a Child.. Implications for Maternal and Child Health Programmes with particular reference to the Convention on the Rights of the Child,

Fetal Death:

Death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

If gestation is less than 20 completed weeks, but less than 28 completed weeks, then death is called **early fetal death**. *(International classification of diseases.)(WHO Technical Report Series, No. 25).*

Intermediate fetal death.

(WHO Technical Report Series, No. 25, 1950 Expert Committee on Health Statistics: Report on the Second Session *including reports on the First Sessions of the Subcommittees on definition of stillbirth, registration of cases of cancer and hospital statistics).*

If gestation is 28 completed weeks or more, then death is called **late fetal death**.

(WHO Technical Report Series, No. 25).

***Rationale**: distinction among intrauterine deaths, antenatal deaths and fetal deaths during delivery is necessary to identify avoidable deaths (in principle, fetal deaths during delivery belong to this group) and to better analyse the problem.*

***Implications** for the quality of antenatal and delivery care.*

Fetal death *rate* prior to admission:

Intrauterine deaths after 22 completed weeks before admission to hospital as % of all > 22 weeks pregnancies.

(European Consensus Conference on Quality Assurance Indicators for perinatal Care, Tubingen*).*

G:

Gestational age

The duration of gestation is measured from the first day of the last normal menstrual period. Gestational age is expressed in completed days or completed weeks (e.g. events occurring 280 to 286 completed days after the onset of the last normal menstrual period are considered to have occurred at 40 weeks of gestation).

Gestational age is frequently a source of confusion, when calculations are based on menstrual dates. For the purposes of calculation of gestational age from the date of the first day of the last normal menstrual period and the date of delivery, it should be borne in mind that the first day is day zero and not day one; days 0-6 therefore correspond to "completed week zero"; days 7-13 to "completed week one", and the 40th week of actual gestation is synonymous with "completed week 39" Where the date of the last normal menstrual period is not available, gestational age should be based on the best clinical estimate. In order to avoid misunderstanding, tabulations should indicate both weeks and days. *(International classification of diseases.)*

H:

Health

"A state of complete physical, mental and social well-being and not merely the absence of
disease or infirmity" *(Public Health in Europe 4.)*

Hospital

A hospital is a residential establishment which provides short-term and long-term medical care consisting of observational, diagnostic, therapeutic and rehabilitative services for persons suffering or suspected to be suffering from a disease or injury, and for parturients. It may or may not also provide services for ambulatory patients on an out-patient basis *(Public Health in Europe 4).*

Hysterectomy: removal of the uterus.

Hysterectomy *rate* after delivery: within two days after delivery as % of all deliveries
(European Consensus Conference on Quality Assurance Indicators for perinatal Care, Tubingen*.)*

I:

Indirect obstetric deaths (see Maternal death)

Infant mortality rate:

annual number of deaths of infants under one year of age per 1,000 live births.
More specifically this is the probability of dying between birth and exactly one year of age *(The State of the World's Children, 1992, UNICEF, p. 99).*

$$\text{Infant mortality rate} = \frac{\text{Deaths under the age of 1 year after live birth x 1 000}}{\text{Live births}}$$

(Office of Population Censuses and Surveys (OPCS) (1991)

Instrumental delivery *rate:* forceps or vacuum extractor as % of all deliveries
(European Consensus Conference on Quality Assurance Indicators for perinatal Care, Tubingen*).*

Infertility: Inability to conceive, more specifically:

Primary infertility
Means that the couple has never conceived, despite cohabitation and exposure to pregnancy for a period of 2 years.

Secondary infertility
Means that the couple has previously conceived, but is subsequently unable to conceive despite cohabitation and exposure to pregnancy for a period of 2 years. If the woman has breast-fed a previous infant, then exposure to pregnancy is calculated from the end of lactational amenorroehea.

L:

Late neonatal mortality rate: deaths day 7-27 after live birth x 1000/Iive births
*(European Consensus Conference on Quality **Assurance** Indicators for perinatal **Care, Tubingen**).*

Deaths at 7-27 days after live birth x 1000
Late neonatal mortality rate = Live births
(Office of Population Censuses and Surveys (OPCS) (1991))

Life expectancy at birth: The number of years new-born children would live is subject to the mortality risks prevailing for the cross-section of population at the time of their birth. *(The State of the World's Children, 1992, UNICEF, p. 99).*

Live Birth: the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered liveborn. *(International classification of diseases.)*

Note: For live births, birth weight should preferably be measured within the first hour of life before significant postnatal weight loss has occurred. While statistical tabulations include 500g groupings for birth weight, weights should not be recorded in those groupings. The actual weight should be recorded to the degree of accuracy to which it is measured. *(WHA20.19, WHA43.24 Article 23, WHO Geneva*).

M:

Major congenital malformations *rate*: according to specified list as % of all births *(European Consensus Conference on Quality Assurance Indicators for perinatal Care,* Tubingen).

Maternal death:

The death of a women while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (*The MATCARE Textbook. Copenhagen: European Regional Office, World Health Organization 1992. Resolution WHA20.19 and WHA43.24, Article 23).*

Maternal death (late)

A late maternal death is the death of a woman from direct or indirect obstetric causes more than 42 days but less than one year after termination of pregnancy *(International classification of Diseases).*

Direct obstetric deaths:

Those resulting from obstetric complications of the pregnant state (pregnancy, labour and the puerperium) from interventions, omissions, incorrect treatment, or from a chain of events resulting from any of the above (expressed as rate per 1 000 live births) (*The MATCARE Textbook. Copenhagen: European Regional Office, World Health Organization 1992, Resolution WHA20.19 and WHA43.24, Article 23).*

Indirect obstetric deaths:

Those resulting from previous existing disease or disease that developed during pregnancy and which was not due to direct obstetric causes, but which was aggravated by physiologic effects of pregnancy (expressed as rate per 1 000 live births). (*The MATCAR E Textbook. Copenhagen: European Regional Office, World Health Organization 199, Resolution WHA20.19 and WHA43.24, Article 23)..*

Maternal mortality rate: Annual number of deaths of women from pregnancy related causes per 1 00,000 live births *(The State of the World's Children*).

Maternity care

The object of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery and bears healthy children. Maternity care in the narrower sense consists in the care of the pregnant women, her safe delivery, her postnatal care and examination, the care of her newly born infant and the maintenance of lactation *(Public Health in Europe 4).*

Midwife

A person who, having been regularly admitted to a midwifery educational programme duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery *(Public Health in Europe 4).*

Miscarriage

The accidental loss of a fetus before a full term pregnancy resulting in the death of the fetus

(Public Health in Europe 4).

N:

Neonatal Period

The neonatal period commences at birth and ends 28 completed days after birth. Neonatal deaths (deaths among live births during the first 28 completed days of life) may be subdivided into early neonatal deaths, occurring during the first seven days of life, and late neonatal deaths, occurring after the seventh day but before 28 completed days of life. *(WHO Geneva WHA20.19, WHA43.24, Article 23).*

Age at death during the first day of life (day zero) should be recorded in units of completed minutes or hours of life. For the second (day 1), third (day 2) and through 27 completed days of life, age at death should be recorded in days.

Neonatal mortality rate= $\frac{\text{deaths at 0-27 days after live birth } \mathbf{x}\ 1000}{\text{Live births}}$

(Office of *Population Censuses and Surveys (OPCS)* (1991)

Neonatal seizures:

Clinically defined as paroxysmal alterations in neurologic function i.e. behavioural, motor, and/or autonomic function.
Source: Volpe J.J: Neurology of the newborn, 3rd ed. WB Saunders, Philadelphia, 1995.

No prenatal visit: no documented prenatal visit
(European Consensus Conference on Quality Assurance Indicators for perinatal Care, Tubingen).

P:

Perinatal period

The perinatal period commences at 22 completed weeks (1 54 days) of gestation (the time when
birth weight is normally 500 g), and ends seven completed days after birth. *(WHO Geneva, WHA20.19, WHA43.27, Article 23)*

Perinatal mortality rate: subdivided in antenatal deaths + deaths in partu + deaths at 0-6 days after live birth x 1000/all births
(European Consensus Conference on Quality Assurance Indicators for perinatal Care, Tubingen).

Infant Postneonatal Mortality rate = $\frac{\text{deaths from 28 days to under 1 year after live birth x 1 000}}{\text{Live births}}$

Office of Population Censuses and Surveys (OPCS) 1991)

Pregnancy-related death:

A pregnancy-related death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death. *(WHO Geneva WHA20.19, WHA43.24, Article 23).*

Pre-term infants:

Less than 37 completed weeks (less than 259 days of gestation). *(International Classification of Diseases).*

R:

Reproductive Health

Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at ail stages of life.

Reproductive health implies that people are able to have responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a health infant.

Source: Global Policy Committee of the World Health Organization, 2 May 1994: and the WHO Position Paper on Health, Population and Development for the International Conference on Population and Development, Cairo 5-13 September 1994.

(NB The definition of Reproductive Health presented in the ICPD document was a direct quote of draft report prepared by FHE and HRP for a document on Reproductive Health which was to be presented to the HRP PCC)

S:

Safe Motherhood

Safe motherhood aims at attaining optimal maternal and newborn health. It implies reduction of maternal mortality and morbidity and enhancement of the health of newborn infants through equitable access to primary health care including family planning, prenatal, delivery and postnatal care for the mother and infant, and access to primary health care including family planning, prenatal, delivery and postnatal care for the mother and infant, and access to essential obstetric and neonatal care.

Source: Mother-Baby Package, and the WHO Position Paper on Health Population and Development for the International Conference on Population and Development, Cairo 5-13 September 1994.

Sexual Health

"While recognizing that it is difficult to arrive at a universally acceptable definition of the totality of human sexuality, the following definition of sexual health is presented as a step in this direction:

Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication, and love.

...Thus the notion of sexual health implies a positive approach to human sexuality, and the purposes of sexual health care should be the enhancement of life and personal relationships and not merely the counselling and care related to procreation or sexually transmitted diseases.

Source: Education and Treatment in Human Sexuality: the Training of Health Professionals, A report from a WHO meeting, Technical Report Series 572, World Health Organization, 1975. (N.B. This quote starting on line 4, without quotation marks or attribution to Who, is included as the definition of sexual health in the ICPD document para 7.1)

Sexuality

Human sexuality is a natural part of human development through every phase of life and includes physical, psychological, and social components. Sexual health implies a positive approach to human sexuality and is therefore an essential component of reproductive health. It includes the integration of somatic, emotional, intellectual, and social aspects of an individual in ways which positively enrich and enhance personality, communication, love and human relationships.

Stillbirth:

Birth of a baby showing no signs of life. For international comparisons of perinatal mortality rates only such stillborn infants with a birth weight of 1000 gr. or more are included (from 1989 it is recommended that the lower weight limit should be 500 gr). Sometimes stillborn babies are not weighed , in these cases a gestational age of 28 completed weeks or a body length of 35 cm can be taken as equivalent to 1000 gr birth weight.

Stillbirth rate = $\frac{\text{Stillbirths x 1000}}{\text{live births + stillbirths}}$

Office of Population Censuses and Surveys(OPCS) (1991))

T:

Term

From 37 completed weeks to less than 42 completed weeks (259 to 293 days) of gestation.

Term (Pre-)

Less than 37 completed weeks (less than 259 days) of gestation.

Term (Post-)

42 completed weeks or more (294 days or more) of gestation.

(International Classification of Diseases)

U:

Unattended deliveries : unattended by midwife/doctor as % of all deliveries.

(European Consensus Conference on Quality Assurance Indicators for perinatal Care, Tubingen*)*

Under five mortality rate: Annual number of deaths of children under five years of age per 1000

live births. More specifically, this is the probability of dying between birth and exactly five years of age *(The State of the World's Children.)*

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